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**Services**

**CHILD DEVELOPMENT CENTERS**

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This instruction supersedes part of AFI 34-701, *Child Development Programs*, and implements AFD 34-2, *Community Programs*; DoDI 6060.2, *Child Development Program*; DoDI 1402.5, *Criminal History Background Checks*; the Military Child Care Act of 1989/1996; and the Crime Control Act of 1990. This instruction gives the requirements for operating child development centers on Air Force bases. It applies to people involved in operating child development centers on Air Force installations and for Air Force personnel. The requirements for operating family child care programs are now provided in AFI 34-276, *Family Child Care Program*. **Attachment 1** contains a glossary of references and information used in this instruction. **Attachment 2** lists the specific responsibilities of personnel involved in the implementation, operation, oversight, and evaluation of Air Force child development centers. **Attachment 3** outlines the requirements for offering short-term hourly care. **Attachment 4** outlines the requirements for accepting children and staff who are HIV-positive or who have AIDS. **Attachment 5** describes the level of supervision required in various settings. This instruction is affected by the Paperwork Reduction Act of 1974, as amended in 1996. All supplements to this instruction must be approved by AF/ILV. This regulation requires the collection and or maintenance of information protected by the Privacy Act (PA) of 1974. The authorities to collect and or the maintain the records prescribed in this publication are 10 U.S.C. 8013; 44 USC3101; EO 9397. Forms affected by the PA have an appropriate PA statement. **Records Disposition.** Maintain and dispose of records created as a result of processes prescribed in this publication in accordance with AFMAN 37-139, *Records Disposition Schedule*.

**SUMMARY OF REVISIONS**

This is the first publication of AFI 34-248, substantially revising AFI 34-701, *Child Development Programs*. It aligns the instruction with AFD 34-2, *Community Programs*, and implements the revisions that are required by the documents listed above. It removes the requirements for family child care programs and places them in AFI 34-276, *Family Child Care Programs*. Waivers or supplements to this instruction must be approved by AF/ILV.

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## Chapter 1

### FACILITIES AND EQUIPMENT

**1.1. Facilities and Equipment.** Provide a protective physical environment that can support a child development program.

**1.2. Indoor Space.** Provide enough usable space indoors so children are not crowded.

1.2.1. Provide a minimum of 35 square feet of usable space per child in each activity room, with an additional minimum of 15 square feet for crawling and protected play for children 6 weeks to 24 months.

1.2.2. Provide a minimum of 50 square feet of usable space per child in rooms in which cribs are utilized for sleeping.

1.2.3. Use a barrier at least 6 feet high to separate the space for infants under 6 months from the space for older children.

1.2.4. Arrange the space to accommodate children individually, in small groups, and in large groups.

**1.3. Outdoor Space.** Provide outdoor playgrounds for each age group.

1.3.1. Have a minimum of 75 square feet of outdoor play area for each child playing on the play-ground.

1.3.2. Ensure that at least one-third of the children enrolled in the center can play in the outdoor play area at one time.

1.3.3. Provide a separate playground area for children under 2 years of age.

1.3.4. Enclose the exterior of the outdoor play area with a fence at least 5 feet high.

1.3.4.1. Do not use horizontal slat fencing. Use only chain link fencing except in climates with extreme wind conditions.

1.3.4.2. Use gates that can be securely fastened and cannot be opened by children under 5 years of age. Unlock gates while children are in the building.

1.3.4.3. Design the playground to accommodate a variety of activities throughout the year. Make sure there are shaded areas for children to play out of the sun; a variety of playground surfaces, including grass, sand, asphalt/concrete, and soil; and a variety of age-appropriate equipment for riding, climbing, balancing, and individual play.

**1.4. Support Space.** Provide facilities and equipment to support the administration of the program.

1.4.1. Provide the following in all primary child development centers and annexes serving more than 48 children:

A reception area.

Offices.

Kitchen.

Laundry area.

Janitorial closets.

Storage closets.

An isolation area near a lavatory and flush toilet.

Staff work area.

These areas are not required if the activity rooms are located in a multi-use facility and fewer than 49 children are served.

1.4.2. Provide enclosed storage on each playground for equipment used outdoors; it should be accessible so that preschool and older children can remove and replace equipment. Keep it locked when it is not in use or make it possible to view into it.

1.4.3. Provide individual storage space for each child's personal belongings in each activity room; provide enough space so that children's coats and hats do not touch other children's.

1.4.4. In each room children use, allocate some hard surface flooring for eating and play activities as well as carpeted areas for other play activities.

**1.5. Toilets and Diaper-Changing.** Locate toilets and sinks within or near each activity room used by children 5 years and under.

1.5.1. Provide a minimum of one flush toilet for every 15 children over 2 years and a sink with running water close to all toileting areas.

1.5.2. Provide a platform or steps if the sink is too high for children to reach. Provide a platform or steps to help staff lift older toddlers onto the diaper-changing surface.

1.5.3. Provide a sink and an area for diapering and a separate area and sink for food service for each group (two ratios) of children in infant and toddler areas.

1.5.3.1. Perform food-service functions in the kitchen when a separate sink is not available.

1.5.3.2. Provide an alternate water source (with catch pan) when a separate sink is not available but staff must perform some food-service functions in the area.

**1.6. Equipment.** Provide age-appropriate equipment and furnishings in activity rooms.

1.6.1. To create a homelike environment, use soft elements, such as:

Carpeting.

Cushions.

Rocking chairs.

Banners.

Wall hangings.

Play curtains, tablecloths, etc.

1.6.2. Use sound-absorbing materials to reduce noise levels.



- 1.6.3. Provide one chair and table space for each child over 12 months of age.
- 1.6.4. Provide a rocking chair or other rocking device for each group of children less than 1 year.
- 1.6.5. Provide low shelving for storage of play materials. Shelves must be accessible to children. Use them to divide the room into small areas.
- 1.6.6. Have a cot, crib, or mat, and tight-fitting bed linens and blanket available for each child.
- 1.6.7. Divide each room for children over 2 years into interest centers.
- 1.6.8. Divide each room for children 12-24 months and over 6 years into interest areas.
- 1.6.9. Make sure that when more than one group (two ratios) occupies a room, each group has its own clearly defined space and its own basic interest centers or areas.

## Chapter 2

### FIRE PROTECTION

**2.1. Fire Protection.** Facilities used for child development programs must be built and operated to protect children and adults from fires and related hazards.

**2.2. Structural Fire Certification.** Air Force Civil Engineering Agency (AFCEA) or its designee must certify that all facilities used for child development programs meet the structural requirements of the current edition of the National Fire Protection Association (NFPA) 101, Life Safety Code for the type of program for which they are being used. Full-day and hourly care facilities must comply with the day care standards. Part-day preschool facilities must comply with the standards for educational facilities.

2.2.1. Facilities that must be certified include those used for preschools and school-age programs that are not located in child development program facilities.

2.2.2. Program administrators must correct all identified life-threatening deficiencies immediately or close the facility.

2.2.3. Program administrators must correct other deficiencies identified in structural fire inspections within 90 days or must ask the Assistant Secretary of the Air Force for Manpower, Reserve Affairs, Installations and Environment (SAF/MI) to approve a waiver extending the 90-day deadline to accommodate renovation or construction schedules.

2.2.4. If program administrators do not promptly correct deficiencies or get a waiver, Air Force Director of Services (AF/ILV) may close the facility.

**2.3. Operational Fire Inspections.** All facilities used to provide child care must comply with the operational requirements of the current edition of the NFPA 101, Life Safety Code. The base fire office must conduct an annual comprehensive fire inspection of each facility using the checklist provided by AFCEA for that purpose.

2.3.1. A multi-disciplinary team must conduct an additional annual comprehensive fire inspection of each facility using the AFCEA checklist. All deficiencies identified in this inspection or that required in 2.3. must be corrected immediately, if life threatening, and within 90 days, if not, or a waiver approved by SAF/MI.

2.3.2. The program administrators must inspect the doors, stairs, and other exits daily to make sure that the children can be evacuated.

2.3.3. A fire inspector or task-certified senior member of the staff must conduct a fire inspection, including a fire drill, at least 12 times per year. No more than 2 months may pass between fire drills. The recommended procedures for fire drills must be followed and the children evacuated safely and within a reasonable time. Post a copy of the last inspection report in the facility. Correct any deficiencies.

2.3.4. Provide smoke detectors and fire extinguishers and ensure they are checked as recommended by the base fire department to be sure that they are in working order.

## Chapter 3

### CURRICULUM

**3.1. Curriculum.** Offer activities that promote children's social, emotional, cognitive, and physical development. Ensure the learning environment and activities provided for the children reflect the program's philosophy and goals.

**3.2. Schedules.** Post a schedule of activities in each activity room. Provide a balance of activities in consideration of the skills and total daily experiences of the child with attention to the following dimensions of scheduling:

Indoor/outdoor.

Quiet/active.

Individual/small group/large group.

Large muscle/small muscle.

Child initiated/adult initiated.

Follow the daily schedule. Offer time and materials for children to select their own activities during the day. Have all age groups play outdoors daily if the outdoor conditions protect children's health and safety.

**3.3. Activity Plans .** Prepare activity plans that include a balance of indoor/outdoor; quiet/active; individual/small group/large group; large muscle/small muscle; and child-initiated/adult-initiated activities. Post and follow the current plan.

**3.4. Materials for Infants.** Provide sufficient quantities of developmentally appropriate materials for infants; display them in the room or make them readily available in storage:

Simple, lightweight, open-ended, easily washable toys such as containers, balls, pop-beads, nesting cups.

Rattles, squeak toys, action/reaction toys.

Cuddly toys.

Toys to mouth such as teethingers, rings.

Pictures of real objects.

Crawling area with sturdy, stable furniture to pull self up.

**3.5. Materials for Pretoddlers.** Provide sufficient quantities of developmentally appropriate materials for pretoddlers; display them in the room or have them readily available in storage:

Push and pull toys.

Stacking toys, large wooden spools/beads/cubes.

Sturdy picture books, music.

Pounding benches, simple puzzles.  
Play telephones, dolls, pretend toys.  
Large paper, crayons.  
Sturdy furniture to hold on to while walking.  
Sand and water toys.

**3.6. Materials for Toddlers.** Provide sufficient quantities of developmentally appropriate materials for toddlers; display them in the room or make them readily available in storage:

Push and pull toys.  
Manipulatives such as stacking toys, large wooden spools/beads/cubes.  
Sturdy picture books, music.  
Pounding benches, simple puzzles.  
Play telephones, dolls, pretend toys.  
Large paper, crayons.  
Sturdy furniture to hold on to while walking.  
Sand and water toys.

**3.7. Materials for Preschoolers.** Provide sufficient quantities of developmentally appropriate materials for preschoolers; display them in the room or have them readily available in storage:

Active play equipment for climbing and balancing.  
Unit blocks and accessories.  
Puzzles, manipulative toys.  
Picture books and records, musical instruments, audio recordings/tapes.  
Art materials, such as finger and tempera paints, crayons, scissors, and paste.  
Dramatic play materials such as dolls, dress-up clothes and props, child-sized furniture, puppets.  
Sand and water toys.

**3.8. Materials for Kindergartners.** Provide sufficient quantities of developmentally appropriate materials for kindergartners, display them in the room or have them readily available in storage:

Active play equipment and materials such as bats and balls for organized games.  
Construction materials for woodworking, unit blocks, accessories for blocks.  
Materials for hobby and art projects, science projects.  
Materials for dramatics, cooking.  
Books, recordings/tapes, musical instruments, computers.

Board and card games.

Complex manipulative toys (connecting or interlocking toys), jigsaw puzzles.

**3.9. Use of Media.** Limit the use of media, such as television, films, audiotapes, videotapes, and computer software to developmentally appropriate programming.

3.9.1. Use active media that children can control as part of the room environment along with other active learning materials that children can choose. Provide equal access to these materials to all children. Have the staff help the children use these materials independently.

3.9.2. Limit the use of passive media, such as television, films, videotapes, and audiotapes to developmentally appropriate programming and use infrequently.

3.9.3. Preview programs prior to using.

3.9.4. Provide other options for children.

3.9.5. Do not require children to view a program.

3.9.6. Discuss what is viewed with the children to develop critical viewing skills.

**3.10. Activities to Foster Self-Concept.** Offer a variety of developmentally appropriate hands-on activities to foster a positive self-concept.

3.10.1. For example, with infants and pretoddlers:

3.10.1.1. Hold and touch, make frequent eye contact and communicate with babies especially during caregiving.

3.10.1.2. Talk and sing to babies.

3.10.1.3. Allow infants to achieve mastery of their bodies through self-initiated motor behavior.

3.10.1.4. Allow toddlers to feed themselves and encourage their development of self-help skills when ready.

3.10.1.5. Encourage and support each toddler's developmental achievements.

3.10.1.6. Listen and respond to toddlers' emerging language.

3.10.2. With older toddlers and preschoolers:

3.10.2.1. Allow time for children to talk about what they see, do, and like.

3.10.2.2. Use children's names frequently in songs, games.

3.10.2.3. Use children's given names; avoid using nicknames and terms of endearment to address children.

3.10.2.4. Display children's work and photos of children.

3.10.2.5. Encourage children to draw pictures, tell stories about self and family.

3.10.2.6. Provide many opportunities for children to initiate activity, develop and demonstrate control of their bodies and self-help skills.

3.10.3. With kindergartners:

3.10.3.1. Provide learning experiences that respond to children's individual differences in ability and interests.

3.10.3.2. Display children's unique products and work.

3.10.3.3. Engage children in experiences that demonstrate the explicit valuing of each child, such as sending a card to a sick classmate.

**3.11. Activities to Develop Social Skills.** Offer developmentally appropriate hands-on activities to help develop social skills.

3.11.1. For example, with infants/pretoddlers:

3.11.1.1. Hold, pat, and touch babies.

3.11.1.2. Talk to, sing to, and play with each baby on a one-to-one basis.

3.11.1.3. Respond to and expand on cues coming from child.

3.11.1.4. Interpret infants' actions to other children to help them get along in a group.

3.11.2. With older toddlers/preschoolers:

3.11.2.1. Assist toddlers in social interaction.

3.11.2.2. Create space and time for small groups of children to work together.

3.11.2.3. Provide opportunities for sharing, caring, and helping.

3.11.2.4. Coach children who have difficulty entering a play situation or making constructive use of child-chosen activity.

3.11.2.5. Explore ways to respond to biased comments and behaviors.

3.11.3. With kindergartners:

3.11.3.1. Use a variety of ways of flexibly grouping children.

3.11.3.2. Provide opportunities for children to collaborate and cooperate during play and projects.

3.11.3.3. Coach children in social problem-solving and conflict resolution skills.

3.11.3.4. Engage children in setting and enforcing classroom rules.

3.11.3.5. Provide opportunities for sharing, caring, and helping.

3.11.3.6. Provide opportunities to support children's beginning friendships.

**3.12. Other Activities.** Offer developmentally appropriate hands-on activities to encourage children to think, reason, question, and experiment.

3.12.1. With infants/pretoddlers:

3.12.1.1. Provide an appropriately challenging, safe environment.

3.12.1.2. Provide light, colorful objects to look at, reach, and grasp.

3.12.1.3. Play naming and hiding games.

- 3.12.1.4. Provide simple toys that respond to infants' initiations so they may pay attention to cause and effect.
- 3.12.1.5. Provide large containers full of objects.
- 3.12.1.6. Help toddlers' developing awareness by reflecting their experiences.
- 3.12.1.7. Provide opportunities for making choices without interfering with selections.
- 3.12.1.8. Avoid interruptions of children's activities.
- 3.12.2. With older toddlers/preschoolers:
  - 3.12.2.1. Plan activities for labeling, classifying, and sorting objects by shape, color, and size.
  - 3.12.2.2. Discuss daily and weekly routines in terms of time concepts, season of the year.
  - 3.12.2.3. Extend children's thinking and learning during activities.
  - 3.12.2.4. Observe natural events.
  - 3.12.2.5. Create opportunities to use numbers, counting objects.
  - 3.12.2.6. Take walks.
  - 3.12.2.7. Take trips for new experiences.
  - 3.12.2.8. Offer sand and water play.
  - 3.12.2.9. Offer woodworking experiences using real tools and equipment adapted to their abilities.
- 3.12.3. With kindergartners:
  - 3.12.3.1. Provide opportunities to learn basic science and math concepts.
  - 3.12.3.2. Involve children in observing and investigating natural events and objects, sorting and classifying, searching for patterns, noting differences and similarities, and in drawing and discussing what they see.
  - 3.12.3.3. Engage children in sustained project work, seeking solutions to concrete problems, observing and recording changes in the environment, and working with tools.
  - 3.12.3.4. Read for information and reference.
  - 3.12.3.5. Engage children in representing their understanding in various ways, such as drawing, writing, speaking.
  - 3.12.3.6. Plan trips to provide new learning experiences.

**3.13. Literacy and Language Development.** Offer developmentally appropriate hands-on activities to encourage literacy and language development.

- 3.13.1. With infants and pretoddlers:
  - 3.13.1.1. Engage in many one-to-one, face-to-face interactions with infants.
  - 3.13.1.2. Look at simple books and pictures.

3.13.1.3. Talk in a pleasant calm voice, using simple language and frequent eye contact while being responsive to the infant's cues.

3.13.1.4. Verbally label objects and events within the infant's experience.

3.13.1.5. Responds to sounds infant make occasionally imitating infant's vocalizations.

3.13.1.6. Describe children and infant's actions and the events that occur in the child's environment.

3.13.1.7. Respond to toddlers' attempts at language in supportive ways.

3.13.2. With older toddlers/preschoolers:

3.13.2.1. Read books and poems, tell stories about experiences, talk about pictures, write down experience stories children dictate.

3.13.2.2. Provide time for conversation; ask children questions that require more than one word answer.

3.13.2.3. Answer children's questions.

3.13.2.4. Add more information to what a child says.

3.13.2.5. Label things in room, use written words with pictures and spoken language, provide a print-rich environment.

3.13.2.6. Use flannel board, puppets, songs, and finger plays.

3.13.2.7. Encourage children's emerging interest in writing.

3.13.3. With kindergartners:

3.13.3.1. Actively work to increase children's vocabulary every day.

3.13.3.2. Help children develop book-handling skills and familiarity with the conventions of print.

3.13.3.3. Help children develop the full range of strategies for reading.

3.13.3.4. Provide everyday opportunities for children to write for reasons that make sense to them.

3.13.3.5. Give children frequent practice and help in composing, editing, and revising written products.

3.13.3.6. Observe and make plans to ensure each child's continual progress in oral language, reading, and writing.

**3.14. Physical Development.** Offer developmentally appropriate hands-on activities to enhance physical development.

3.14.1. For example, for infants and pretoddlers:

3.14.1.1. Allow self-initiated motor development.

3.14.1.2. Provide open, carpeted space as well as hard surfaces.

3.14.1.3. Provide low sturdy furniture.



- 3.14.1.4. Provide accessible outdoor activities.
- 3.14.1.5. Provide simple objects to reach for and grasp.
- 3.14.1.6. Allow children to move and breath comfortably.
- 3.14.1.7. Allow children to move about freely, play with and explore a safe environment.
- 3.14.1.8. Provide time, space, and objects for active play.
- 3.14.1.9. Provide toddlers objects for carrying.
- 3.14.1.10. Provide toddlers simple puzzles, nesting toys, stacking toys, pop-beads, and balls.
- 3.14.2. For toddlers/preschoolers:
  - 3.14.2.1. Provide time and space for active play.
  - 3.14.2.2. Provide creative movement activities.
  - 3.14.2.3. Provide fine-motor activities.
- 3.14.3. With kindergartners:
  - 3.14.3.1. Provide equipment, time, and space for active play.
  - 3.14.3.2. Provide creative movement activity, music, songs and recordings.
  - 3.14.3.3. Provide fine-motor activities.
  - 3.14.3.4. Provide a variety of art and writing materials and daily opportunities for drawing, painting, cutting, and writing.

**3.15. Health, Safety, and Nutrition Activities.** Offer developmentally appropriate hands-on activities to encourage and demonstrate sound health, safety, and nutritional practices.

- 3.15.1. Cook and serve a variety of nutritious foods.
- 3.15.2. Discuss good nutrition.
- 3.15.3. Do activities to develop safety awareness in the program, home, and community.
- 3.15.4. Encourage health practices such as washing hands, brushing teeth, getting regular exercise and enough rest.
- 3.15.5. Talk about visiting the doctor, dentist, etc.
- 3.15.6. For infants/toddlers, describe routine health activities as they are being implemented.

**3.16. Creative Expression and the Arts.** Offer developmentally appropriate hands-on activities to encourage creative expression and appreciation for the arts.

- 3.16.1. With infants/young toddlers:
  - 3.16.1.1. Use occasional music for movement, singing, or listening.
  - 3.16.1.2. Sing to babies; appreciate infants' vocalizations and sounds.
  - 3.16.1.3. Display interesting things to look at.
  - 3.16.1.4. Provide time and space for movement and play.

- 3.16.1.5. Encourage scribbling with crayons.
- 3.16.2. With older toddlers/preschoolers:
  - 3.16.2.1. Do creative art activities.
  - 3.16.2.2. Provide time and space for dancing, movement activities, creative dramatics.
  - 3.16.2.3. Do musical activities.
  - 3.16.2.4. Offer most art activities as an exploratory process rather than to produce a product.
  - 3.16.2.5. Adult-made models, patterns, and pre-drawn forms are used infrequently.
- 3.16.3. With kindergartners:
- 3.16.4. Provide opportunities for children to represent ideas and feelings and learn fundamental concepts and skills in the fine arts.
  - 3.16.4.1. Do creative art projects, painting, drawing, collage, and modeling.
  - 3.16.4.2. Provide time and space for dancing, movement activities, creative dramatics.
  - 3.16.4.3. Do musical activities.
  - 3.16.4.4. Adult-made models, patterns, and pre-drawn forms are used infrequently.
  - 3.16.4.5. Provide visits by artists, materials representative of a variety of cultures.
  - 3.16.4.6. Develop appreciation for the arts by taking trips to galleries, concerts, and cultural events.

**3.17. Multicultural Activities.** Offer developmentally appropriate activities to help children develop respect for ethnic and cultural diversity. For example:

- 3.17.1. Make sure multi-cultural, nonsexist, nonstereotyping pictures, dolls, books, and other materials are available.
- 3.17.2. Initiate discussions and hands-on activities to build appreciation for differences and counter biases.
- 3.17.3. Talk positively about each child's physical characteristics, family, and cultural heritage.
- 3.17.4. Avoid stereotyping of any group through materials, objects, and language.
- 3.17.5. Cook and serve foods from children's various contemporary cultures.
- 3.17.6. Celebrate holidays of various cultures reflected in the group.
- 3.17.7. Read books, display pictures of various cultures.
- 3.17.8. Invite parents and other visitors to share arts, crafts, music, dress, and stories of various cultures.
- 3.17.9. Take trips to museums, cultural resources of community.
- 3.17.10. Infuse all curriculum topics with diverse cultural perspectives, avoiding a "tourist" approach.

3.17.11. Build a sense of the group as a community, bringing each child's home culture and language into the shared culture of the program so each child feels accepted and gains a sense of belonging.

**3.18. Routines and Transitions.** Have routines and transitions support children's development. Ensure:

- 3.18.1. Conduct smooth and unregimented transitions between activities.
- 3.18.2. Have staff adjust to the needs and interests of children and changes in the weather or other unexpected situations.
- 3.18.3. Provide materials and time for children to select their own activities during the day.
- 3.18.4. Conduct routine tasks, such as diapering, eating, toileting, sleeping, etc. in a relaxed and individual manner.
- 3.18.5. Encourage self-help skills in children, as they are ready.
- 3.18.6. Tailor routines to children's needs and rhythms as much as possible.

**3.19. Curriculum Plans.** Develop and use realistic curriculum plans based on the needs of individual children and consistent with the program philosophy.

- 3.19.1. Have a written statement that reflects the program's philosophy and goals for children.
- 3.19.2. Base curriculum plans on knowledge of child development and an assessment of children's individual needs and interests.
- 3.19.3. Adapt curriculum plans to meet the wide range of individual needs and interests of all children in the group.
- 3.19.4. Accurately assess the skills and progress of each child through the use of observations, assessment scales, and activity records.
- 3.19.5. Compile and use descriptions of children's development, behavior, and learning to plan the program and communicate with parents.
- 3.19.6. If children with special needs are enrolled, modify the environment, staffing, and activities to permit their participation.

## Chapter 4

### STAFFING

**4.1. Staff-to-Child Ratios.** Have an adequate number of adults to protect the health and safety of children and implement a developmental program.

- 4.1.1. For infants 6 weeks to 12 months, have no more than 4 children per staff member at all times.
- 4.1.2. For pretoddlers 12 months to 24 months, have no more than 5 children per staff member at all times.
- 4.1.3. For toddlers, 24-36 months, have no more than 7 children per staff member.
- 4.1.4. For preschoolers, 3-5 years have no more than 12 children per staff member.
- 4.1.5. Ensure the staff-to-child ratios under all circumstances protect the health and safety of the children.
- 4.1.6. For mixed age groups, follow the staff-to-child ratio for the youngest age group if the children in the youngest age group make up 20 percent or more of the group. If the program combines children 6 months through 24 months, to maintain consistency in caregiving, use the ratio that is required for the youngest 20 percent of the children in the group.
- 4.1.7. During rest time the staff-to-child ratios for children over 24 months of age may not be more than twice the required staff-to-child ratio.
- 4.1.8. Have staff required to meet the staff-to-child ratios remain in the building during rest time and available to assist with emergencies or have staff with no other evacuation duties assigned to perform their duties.
- 4.1.9. Do not count persons under age 18 and volunteers in staff-to-child ratios and do not allow them to be alone with children.
- 4.1.10. If any children with special needs are present, adjust the required staff-to-child ratio to ensure all children receive good care.
- 4.1.11. Use AF Form 1183, Child Development/Enrichment Program Hourly Record of Attendance Instructions, to record the number of children and staff in each room each hour. Have these filled in by the room staff.

**4.2. Groups.** Design group composition and staffing to ensure continuity for the children in care.

- 4.2.1. Limit the number of children in a group to double the staff-to-child ratio for that age group.
- 4.2.2. Have children cared for in their primary group for most of the day.
- 4.2.3. Regularly assign the same staff members to the same group of children each day.
- 4.2.4. Schedule staff breaks to reduce the number of different adults providing care for a child in a day.
- 4.2.5. In general, do not move children over 12 months of age to a new age group more frequently than once every 12 months.

**4.3. Support Staff and Substitutes.** Make support staff and substitutes available to meet the needs of parents and children and assist the caregiving staff.

- 4.3.1. Provide APF custodial support during the hours of service to ensure sanitation and cleanliness.
- 4.3.2. Have enough administrative and clerical support staff available to provide patron service and maintain the required records.
- 4.3.3. When staff is scheduled to work 4 or more hours consecutively with children, ensure they are provided time away from children at least 15 minutes in each 4 hour period.
- 4.3.4. Have the food service staff deliver the food in a timely manner and in a way that minimizes the need for preparation by the caregiving staff.
- 4.3.5. Ensure that substitutes for infants and toddlers are familiar with the children and oriented to the children's schedules and individual differences.

**4.4. Administrators and Trainers.** Have administrators and trainers provide leadership and support the parents, children, and direct care staff.

- 4.4.1. Each center must have a training and curriculum specialist; there is at least one specialist for each 200 Child Development Center (CDC) capacity.
- 4.4.2. Have a director for each center. Each facility or group of facilities with 99 or more children must have a director. Provide an assistant or annex director for facilities with 49-98 children.
- 4.4.3. In the absence of a director, assign a person at that grade or higher to provide daily oversight and be responsible for the center.
- 4.4.4. Ensure there is a GS-05 or NAF equivalent (in pay and job responsibilities) or higher supervisor in each facility during all hours of operation.
- 4.4.5. Have the name of the current on-site supervisor in each facility posted at all times.

**4.5. Diversity.** Strive to have staff who reflect the diverse cultural, racial, and linguistic characteristics needed to communicate with the children and families served.

## Chapter 5

### STAFF QUALIFICATIONS AND DEVELOPMENT

**5.1. Management Qualifications.** Employ staff who have the qualifications and training required to protect the health and safety of children and provide a program of developmentally appropriate activities.

5.1.1. Directors hired since 3 March 1989 must have a 4-year degree or equivalent from an accredited college. The degree must be in child development, early childhood education, or a related field including, but not limited to, education, social work, home economics, or psychology.

5.1.2. Training and curriculum specialists must meet the requirements to be National Association for the Education of Young Children validators. They must have a degree in early childhood education or child development and at least 3 years of full-time experience with young children or a graduate degree in early childhood education or child development.

**5.2. Qualifications for Child Development Program Assistants (CDPA).** Employ CDPAs who are qualified to provide child care and development. They must:

5.2.1. Be at least 18 years of age.

5.2.2. Hold a high school degree or the equivalent.

5.2.3. Have the ability to speak, read, and write English.

5.2.4. Be physically and mentally capable of providing care.

5.2.5. Be free of communicable diseases.

5.2.6. Be able to satisfactorily complete the required training.

5.2.7. Have been selected and promoted based on the Air Force pay plan for CDPAs.

5.2.8. Have a completed, positive Installations Records Check prior to employment.

**5.3. Criminal History Background Checks.** Complete the criminal history background and reference checks required by DoDI 1402.5, Criminal History Background Checks, on all staff, specified volunteers, and contractor employees including custodians.

5.3.1. Initiate and complete an Installation Records Check (IRC), State Criminal History Repository (SCHR), and fingerprint check on all individuals.

5.3.2. If the fingerprint check has not been returned in 6 months, initiate follow-up actions.

Repeat record reverification of the IRC and Defense Criminal Investigative Index (DCII) for all staff and contract workers every 5 years.

5.3.3. Have all staff, volunteers, and contract workers sign a statement indicating whether or not they have been arrested or convicted of any crime involving children, drugs, or alcohol.

5.3.4. Contact the last two previous employers of each applicant or regular volunteer prior to their being selected and keep documentation of the contact on file.

**5.4. Administrator and Support Staff Training.** Provide administrative and support staff with the required training. Ensure:

5.4.1. Directors, assistant directors, and training and curriculum specialists receive at least 12 hours of annual training on supervision, administration, curriculum development, child abuse prevention, disease control, and other child care topics.

5.4.2. Administrative staff members receive at least 6 hours of annual training on administrative procedures, customer service, child abuse prevention, and related topics.

5.4.3. Food service staff members receive at least 6 hours of annual training on sanitation, nutrition, food preparation and service, and related subjects.

5.4.4. All administrative and support staff receive annual training on child abuse prevention, identification, and reporting.

5.4.5. All training is documented on the AF 971, Supervisor's Employee Brief, or AF Form 1098, Special Task Certification and Recurring Training.

**5.5. Orientation Training.** Provide new CDPAs and regular and specified volunteers the required orientation, training, and examinations.

5.5.1. Complete an individual training plan for all employees at the time of employment.

5.5.2. Have a plan for all current employees.

5.5.3. Have them complete 4 hours of observation prior to being assigned to work with children.

5.5.4. Ensure they receive at least 8 hours of orientation training including reading the program operating instructions (OIs) and Air Force child care policies and instructions prior to being assigned to work with children.

5.5.5. During the first 6 months of employment, require that each CDPA complete at least three of the Air Force CDPA Modules, pediatric first aid including rescue breathing, and food handler's training.

5.5.6. Have the director or designee observe each new CDPA at least monthly during the first 6 months of employment and discuss the observations with them.

5.5.7. Make satisfactory progress toward and completion of the CDPA training modules a condition of employment as a CDPA.

**5.6. Child Development Program Assistant Training and Examinations.** Have all CDPAs complete the training and examinations required for their positions. Ensure:

5.6.1. CDPAs receive annual training on positive guidance techniques including training on acceptable and unacceptable ways of touching, talking to, and handling children and on how to report suspected child abuse and neglect.

5.6.2. CDPAs complete the CDPA Training Modules during the first 18 months of employment.

CDPAs remain current in pediatric first aid including rescue breathing and food handler's training

5.6.3. CDPAs have the tuberculosis skin testing required by AFI 48-115, The Tuberculosis Detection and Control Program, 3. Program Elements.

5.6.4. CDPAs at the target level are provided at least 24 hours of training annually.

5.6.5. An individual training plan is on file for each employee.

5.6.6. Assistance and training is provided to help CDPAs become Child Development Associates.

5.6.7. All training is documented on AF Form 971, Supervisor's Employee Brief, or AF Form 1098, Special Task Certification and Recurring Training.

5.6.8. Each staff member has had a physical examination within the last 3 years and the tests, examinations, and immunizations required by AF Joint Instruction 48-110, Immunizations and Chemoprophylaxis.

**5.7. Staff Evaluations.** Use staff evaluations to contribute to training and staff development.

5.7.1. Have staff evaluated at least annually by the director or designee.

5.7.2. Ensure results of staff evaluations are written and confidential and that they are discussed privately with staff members.

5.7.3. Have staff evaluations include observations.

5.7.4. Inform staff of evaluation criteria in advance.

5.7.5. Give staff the opportunity to evaluate their own performance.

5.7.6. Generate a plan for staff training from the evaluation process.

**5.8. Staff Planning.** Provide staff the opportunity to meet together with management to plan the program for the children.

5.8.1. Provide staff the opportunity to meet with the management at least monthly (may be small or large group meetings).

5.8.2. Provide staff paid planning time to plan and consult with each other. This may be during children's rest time if the children are 2 years and older.

**5.9. Staff Compensation.** Compensate CDPAs using the Air Force CDPA Pay Program.

5.9.1. Include all full- and part-time program staff in the pay program.

5.9.2. To promote staff continuity and decrease staff turnover, make sure regular employees whom receive benefits provide at least 75 percent of the child care.

5.9.3. Increase staff wages if necessary to ensure that all activity rooms are staffed and there is continuity in who provides care to children.



## Chapter 6

### NUTRITION AND FOOD SERVICE

**6.1. Meal and Snacks.** Provide meals and snacks in a sanitary, pleasant way to meet children's nutritional needs and promote good food habits.

**6.2. United States Department of Agriculture (USDA) Requirements.** Serve meals and snacks according to the USDA Child and Adult Care Food Program (CACFP) requirements.

- 6.2.1. Serve breakfast, lunch, afternoon snack, dinner, and evening snack based on the program hours of operation.
- 6.2.2. Allow no more than 3 hours or less than 2 hours to pass before food is offered.
- 6.2.3. Serve all children present.
- 6.2.4. Ensure the amount and type of food served meets the USDA CACFP requirements.
- 6.2.5. Purchase and serve only foods creditable by USDA CACFP; limit the purchase and use of condiments except as ingredients in recipes.
- 6.2.6. Offer second helpings of vegetables, fruits, bread, and milk.
- 6.2.7. Use cycle menus; have a dietitian or major command child development specialist approve all menus.
- 6.2.8. Record substitutions on menus before they are served.
- 6.2.9. Ensure only food prepared at or for the center is served for meals, snacks, and special events such as birthday parties.

**6.3. Food Program Administration.** Administer the food program in compliance with DoD, Air Force, and USDA CACFP requirements.

- 6.3.1. Date menus and keep them on file for at least 1 year or as required by USDA (3 years).
- 6.3.2. Participate in the USDA CACFP, if it is available.
- 6.3.3. Do not allow children to have access to vending machines.
- 6.3.4. Provide chairs, tables, and eating utensils suitable for the size and developmental levels of the children.
- 6.3.5. Use dishes and utensils for meals made of melamine or other material that are easy for children to use and contribute to a home-like environment.
- 6.3.6. Do not use Styrofoam products.
- 6.3.7. Obtain and maintain parent income forms required by the USDA CACFP for programs in the states and territories.

**6.4. Meal Service.** Make meals and snacks a pleasant, social learning experience for children.

- 6.4.1. Use meal times to promote good nutrition habits.
- 6.4.2. Use family style dining.

- 6.4.3. Do not use food as a punishment or reward.
- 6.4.4. Encourage toddlers and older children to serve and feed themselves based on their abilities.
- 6.4.5. Have preschoolers and older children assist with table setting and clean up.
- 6.4.6. Ensure at least one adult sits with each group of children during meal/snack time and samples the food provided.
- 6.4.7. Serve meals and snacks with time for socializing.
- 6.4.8. Serve foods indicative of various cultures at least several times a month.
- 6.4.9. Require adults eating with children to eat only food served to children.
- 6.4.10. Ensure children and adults wash their hands immediately before serving food or assisting with meals and snacks and eating.

**6.5. Food Preparation.** Have food prepared, handled, transported and served according to Air Force instructions, USDA CACFP guidelines, and accreditation food service guidelines.

**6.6. Bottle Feeding.** Do bottle feeding in such a way as to minimize disease and promote interaction.

- 6.6.1. Hold infants less than 8 months old for bottle and spoon-feeding.
- 6.6.2. Ensure bottles are removed when babies fall asleep.
- 6.6.3. Do not allow children to carry bottles around.
- 6.6.4. Do not prop bottles for babies who cannot hold their bottles.

**6.7. Drinking Water.** Provide children safe, drinking water throughout the day.

- 6.7.1. Provide water in single service cups or by a water fountain.
- 6.7.2. Have the water tested at least every 3 years for chemical contaminants at the source used by children.
- 6.7.3. Ensure the water has been tested within the last 12 months for bacterial contaminants.

## Chapter 7

### ADMINISTRATION, FUNDING AND EVALUATION

**7.1. Funding.** Provide the resources needed to offer a program that protects the health and safety of children and promotes their development.

7.1.1. Ensure sufficient APF funding is provided to operate the program and minimize NAF subsidy and parent fees.

7.1.2. In order to minimize NAF subsidy has APF support from the child development program element (personnel, supplies, equipment, and training) for the child development center is at least equal to the parent fees collected.

7.1.3. Have parent fees cover most of the NAF cost of operating the program.

7.1.4. Use fees only for CDPA wages, benefits, and training and consumable supplies. Consumable supplies are supplies that are consumed as used. Parent fees may also be used for items for which APF is not authorized such as using a credit card machine.

**7.2. Fees.** Base the fees charged on the current DoD fee ranges and policies.

7.2.1. Change the fees charged parents for full-day and part-day programs no more than once per year.

7.2.2. Do not establish an additional charge for meals and snacks.

7.2.3. Ensure the fees for hourly care are equal to or greater than the fee per hour for full-day care.

7.2.4. Charge for weeks when the child is not present or prorate the cost across the weeks that will be charged.

7.2.5. Centers may require parents to indicate the 10 hours their child will be present within the daily operating hours.

7.2.6. Do not set fees to generate a profit or pay for other expenses.

7.2.7. Do not give discounts for the second or additional children in the family.

**7.3. Inspections.** Department of Defense Instruction 6060.2, Child Development Programs, establishes very specific requirements for inspections of child development centers. The DoDI requires four inspections. In addition to the annual unannounced comprehensive fire and safety, health and sanitation, and headquarters inspections, the DoDI requires an unannounced program evaluation conducted by a multi-disciplinary team. Ensure:

7.3.1. The inspection is unannounced.

7.3.2. The date of the inspection is not known in advance to the flight chief or any of the program staff.

7.3.3. The inspection is completed and the report prepared in a timely manner.

7.3.4. The team includes experts in the various standards prescribed in DoDI 6060.2, Child Development Programs, and includes parents from all programs offered. One individual may serve in more

than one role. The support group commander appoints the team and designates a team chief who is not a member of the family member programs flight.

7.3.5. The flight chief and staff members from the program are not included on the team.

7.3.6. The results of the annual comprehensive headquarters, fire and safety, and health and sanitation inspections are reviewed as part of the inspection and the review is documented.

7.3.7. The annual comprehensive fire and safety and health and sanitation inspections are conducted separately from the multi-disciplinary team inspection, preferably several months apart.

7.3.8. If life-threatening deficiencies are identified, they are corrected immediately.

7.3.9. All non-life-threatening deficiencies are corrected within 90 days or a waiver submitted to and approved by SAF/MIM.

**7.4. Enrollment.** Have information on each child enrolled completed and maintained on the required Air Force forms.

7.4.1. Have an AF Form 1181, Air Force Youth Flight Program Patron Registration, on file, which has been completed and updated within the last 12 months for each child accepted for care.

7.4.2. Require single parents and dual military couples to provide a copy of AF Form 357, Family Care Certification, that has been updated within the last 12 months; keep the copies on file.

7.4.3. Have AF Form 1182, Youth Flight Register, completed each time a child is in the center and ensure it is signed by the parent at the time of entry and departure.

**7.5. Records.** Complete and maintain the required operational and staff records.

7.5.1. Record injuries on AF Form 1023, Youth Flight Record of Injuries, or equivalent within 24 hours of when they occur.

7.5.2. Complete an AF Form 1187, Youth Flight Accident Report, or equivalent for any injury and any fatality in the program. Do not use this form to record behavior incidents; if it is necessary to prepare a written report on incidents, prepare an anecdotal record and put it in the child's individual folder.

7.5.3. Collect and record information daily from parents of children under 24 months to aid in continuing daily routines.

7.5.4. Submit AF Form 1194, Semi-Annual Child Development Program Report to AF/ILV and Air Force Services Agency (AFSVA/SVPAC) on 25 April and 25 October of each year. This reporting requirement is required for the following DoD reports: RCS:DD-P&R (A)1884, DoD Child Development Program (AFFM 1194); and RCS: DD-P&R(Q)1878, DoD Child Development Obligations and Staffing Levels.

7.5.5. Use AF Form 1929, Child Development Center Daily Reservation Log, to record requests for reservations.

7.5.6. Maintain employee work folders in the center office for each employee. The folders should include the employment application, results of calls for references, a record of previous experience (if not on the employment application), copies of high school diplomas and college transcripts, the most

recent performance evaluation, a list of satisfactorily completed criminal history background checks, and dates of last physical examination, medical tests, and immunizations.

7.5.7. Require parents requesting service to complete DD Form 2606, DoD Child Development Program Request for Care Record, and contact them every 2 months to update.

7.5.8. Ensure each DD 2652, Application for Department of Defense Child Care Fees, is completed in its entirety.

**7.6. Staff/Administrator Communication.** Ensure the staff and administrators communicate about the care of the children and maintain confidentiality.

7.6.1. Have the director and flight chief consult with on and off base agencies and organizations to provide information, obtain resources, and coordinate services.

7.6.2. Have staff keep information about children, families, and other staff confidential.

7.6.3. Ensure staff does not comment about children, families, or other staff in the presence of other adults or children.

**7.7. Waiting List.** Use the child development facilities to support the primary mission of the program and the installation.

7.7.1. If there is a waiting list for full- or part-day care for employed parents, and the space could be used to meet this need, move the school-age program and part-day preschool to the youth center or other appropriate facility.

7.7.2. If there is a waiting list for center care, use no more than 5 percent of the spaces for hourly care.

7.7.3. If there is a waiting list for center care, set aside no more than 5 percent of the center spaces for use by volunteers. These spaces may be in addition to the spaces set aside for hourly care.

7.7.4. Survey parents at least annually to determine if the hours of operation and opening of the main facility during deployments, exercises, and inspections are appropriate.

7.7.5. Contact parents with a child on the waiting list at least every 2 months to keep the waiting list up-to-date.

7.7.6. Do not count unborn children in reporting the number of children on the waiting list.

**7.8. Priorities.** Establish and follow priorities for use of the center spaces.

7.8.1. Give active duty and DoD civilian employed parents higher priority than other groups in the use of the center for full-day and part-day care.

7.8.2. Establish and implement a policy to terminate, within a reasonable time, the enrollment of children in families where the spouse is no longer employed or actively seeking employment, if there is a waiting list.

7.8.3. Eligible patrons include active duty military personnel, DoD civilian personnel paid with either APF or NAF, reservists on active duty or during inactive duty training, and DoD contractors.

7.8.4. Commanders may give single parents and dual military higher priority than other families.

7.8.5. Individuals who are enrolled in school full-time must be considered as employed as long as they show proof of enrollment.

7.8.6. Individuals who are assigned to or live on the installation, regardless of branch of service, should be given equal priority.

7.8.7. Use DD Form 2652, Application for Department of Defense Child Care Fees, to document eligibility for priority use of the child development center.

7.8.8. Give active duty members on a Permanent Change of Station (PCS) move who need hourly care, priority for vacant full-day and hourly care spaces 7 days prior to their departure from the base and 7 days after arrival on a new base.

**7.9. Size and Scope.** Offer a program of sufficient size and scope to support the mission of the installation.

7.9.1. If there is a waiting list for full-day care, develop a plan for meeting the additional need.

7.9.2. Permit organizations other than Services to provide short-term care in other facilities only if it is provided intermittently, the parents remain in the facility, the parents do not pay for the care, and volunteers (not employees) are used to supervise the children.

7.9.3. If the center is not able to serve them, refer families to other licensed programs and family child care homes. Post a list of the licensed providers in the child development center where it can be viewed by parents.

7.9.4. Provide surge or on-site care in compliance with Attachment 3.

7.9.5. Offer the Give Parents a Break program, when needed, and funding is available.

**7.10. Certification.** Higher headquarters inspects programs at least once a year using an Air Force checklist.

7.10.1. Inspectors ensure that each program complies with the items on the current version of the Air Force Child Development Center Inspection Checklist.

7.10.2. The major command reinspects programs when requested by AFSVA/SVP.

7.10.3. The program forwards verification that it has corrected each identified deficiency within 90 days after receiving the headquarters inspection report.

7.10.4. If the program cannot correct any deficiency within 90 days, it must submit a request for a waiver within 60 days of receiving the inspection report, through the major command, to AF/ILV for forwarding to SAF/MI for approval.

7.10.5. DoD certifies all programs annually. Programs must retain current certification.

7.10.6. Managers must post a copy of the most recent certificate in the reception area of the primary child development facility.

7.10.7. Update the Air Force Child Development Center Self-Assessment and Inspection Tool at least quarterly. The self-assessment will be used to document compliance on some items as part of the annual higher headquarters inspection.

**7.11. Accreditation.** All federal child development facilities including Air Force centers must be accredited by a national accrediting agency.

7.11.1. Air Force centers must be accredited by the National Association for the Education of Young Children (NAEYC). In order to be accredited child development centers must comply with the most recent edition of the NAEYC Accreditation Criteria & Procedures.

7.11.2. Notify AF/ILVY within 30 days of losing accreditation or accreditation expiration. Major commands must seek a waiver from AF/ILV if any center remains unaccredited for more than 90 days. A waiver is not required if the program has forwarded their program description and is waiting for a validation visit to be scheduled or has had a validation visit and is waiting for the results of the visit.

**7.12. Written policies.** Have written policies and procedures for:

Operating hours

Fees

Child and staff illness

Holidays

Refunds

Termination of enrollment

Reporting child abuse or neglect

Allegations of child abuse and neglect involving staff

Exclusion and care of sick children

**7.13. Program Assessment.** Conduct an annual assessment to identify the strengths and weaknesses of the program and to set program goals for the next year.

7.13.1. Include in this assessment the adequacy of staff compensation and benefits and the rate of staff turnover and the length of unfilled vacancies. If the program is experiencing difficulty in filling and keeping staff, develop a written plan for ensuring recruitment and retention of qualified staff. Submit this plan to the major command.

**7.14. Operational Capacity .** Report operational capacity of all the child development programs on the base by age group and physical location of the care to AF/ILVY on 15 August and 15 February of each year. If any rooms in the child development center constructed to be used to provide child care are not being used for that purpose, seek a waiver from HQ USAF/ILV within 30 days of their not being used or being used for some other purpose.

**7.15. Hourly Care.** Use vacant full-day spaces to provide hourly care for families that cannot be accommodated in family child care.

7.15.1. Encourage families that will not be using their full-day space to notify the program so that the spaces may be used by hourly care patrons. Give them a credit toward their next weekly child care fee if their space is used for hourly care and they have notified the program in advance of its availability.

- 7.15.2. Permit families that have medical appointments to make a request for hourly care as soon as their appointment is established.
- 7.15.3. Contact the parents of full-day children who do not arrive as scheduled to determine if their space could be used for hourly care on that day.
- 7.15.4. Make it known that hourly care may be available on a walk-in basis and provide information for parents on where and when to call to check on availability.
- 7.15.5. If some spaces are set aside for hourly care, permit families to make reservations for these spaces at least one month in advance. If individuals do not cancel their reservation and do not use it, charge them the regular hourly fee after the first such occurrence. Do not accept requests for hourly care from families that make reservations and display a pattern of not using them.
- 7.15.6. Refer families that request hourly care and cannot be served to the family child care staff for assistance in finding hourly care.



## Chapter 8

### CHILD ABUSE PROTECTION

**8.1. Child Abuse Protection.** Operate the program in a way that protects children from child abuse and neglect while they are in out-of-home care.

**8.2. Supervision of Children.** Ensure a staff member supervises children at all times.

Supervise children when they leave the group for toileting or other reasons.

8.2.1. Ensure each child is under the care of a specific adult and the adult knows where the child is at all times.

8.2.2. Have parents sign their children in and out on the AF Form 1930, Daily Attendance in Youth Program; use and update it throughout the hours of care to assign children to adults including when there are staff breaks or changes.

8.2.3. Supervise volunteers, non-management interns, and students when they are interacting with children.

**8.3. Closed Circuit Television (CCTV).** Use CCTV to minimize the potential for child abuse and neglect.

8.3.1. Have CCTV installed in each activity room. CCTV is not required in annexes of less than 49 capacity.

8.3.2. Locate CCTV monitors at the front desk where they can easily be viewed by the desk staff.

8.3.3. Ensure the CCTV system is functioning properly.

**8.4. Visual Monitoring.** Ensure the physical design of the building permits visual monitoring of the care.

8.4.1. Have it possible to view into each room used for service through a window in the doors or walls.

8.4.2. Have it possible to view into closets, storerooms, etc. or keep them locked during hours of operation.

8.4.3. Have diapering areas visible to other adults.

8.4.4. Remove doors on toilet stalls for children under 5 years of age.

8.4.5. Remove doors into toilet rooms except when the toilet room is for a single toilet and it is used by children 5 years or older or adults, or opens onto a hallway or entrance used by the public.

**8.5. Monitoring of Care.** Monitor the care throughout the day to minimize the risk of child abuse or neglect.

8.5.1. Have the desk staff observe the CCTV.

8.5.2. Keep the lights left on in all rooms, including closets with windows, toilets, offices, and storage areas, when the building is in use.

8.5.3. Remove everything from windows to prevent or obstruct viewing.

8.5.4. Use convex mirrors or other means of providing visual access used, if needed, to improve supervision.

**8.6. Limits on Care.** Limit the amount of time a child is provided care during a day or week.

8.6.1. No child may be in care for more than 10 hours per day unless the support group commander has granted a waiver to the individual family because the parent is in school or works longer shifts.

8.6.2. If the parent is on 12-hour shifts, the child may be in the center no more than 60 hours per week.

8.6.3. Charge an additional amount for any care for more than 50 hours a week. This charge should be reduced to the hourly rate for full-day care if the additional hours are required because of duty.

**8.7. Access to Children.** Take measures to minimize unsupervised and unapproved access to children.

8.7.1. Offer evening and weekend care near the front entrance.

8.7.2. Alarm all exterior doors, with the exception of the front entrance and kitchen door, not opening onto fenced play areas. Note: This is not required in a multi-use facility.

8.7.3. At least monthly, check to ensure the alarms on exterior doors are working and can be heard at the front desk.

8.7.4. Require all visitors to sign in and out, wear identification, and be accompanied while in the building.

8.7.5. Permit only those persons on official business in the building.

8.7.6. Have an adult present at the main entrance of the building during all hours of service.

8.7.7. Ensure all employees and volunteers wear a nametag or other identifying apparel.

**8.8. Arrivals and Departures.** Ensure all children's arrivals and departures are supervised.

8.8.1. Release children only to persons listed on the child's AF Form 1181, Air Force Youth Flight Program Patron Registration, or for whom the parents have provided written and verbal authorization.

8.8.2. Do not release children to siblings under age 14 years.

8.8.3. Do not permit children 6 years and under to leave unaccompanied.

8.8.4. Permit children over age 5 years to leave for school and regularly scheduled activities only with written parent permission.

8.8.5. Contact parents when children who arrive by bus or by walking do not arrive at the program when expected.

**8.9. Presence of Two Adults.** Ensure children are under the care of two adults with completed criminal history background checks at all times.

8.9.1. If, due to limited room capacity or utilization, this is not feasible, have CCTV of the room maintained continuously.

8.9.2. When CCTV surveillance is used instead of the second adult, have the camera and monitor set on the room but ensure rotation through all other rooms continues.

8.9.3. When CCTV surveillance is used instead of a second adult, the one adult in the room and the desk staff must have a completed fingerprint check.

**8.10. Child Guidance.** Use child guidance policies and practices that promote the development of children.

8.10.1. Ensure staff use only positive techniques of guidance, including logical or natural consequences applied in problem situations, redirection, anticipation of and elimination of potential problems, and encouragement of appropriate behavior.

8.10.2. Have a written guidance policy. Require all staff to read the guidance policy and sign a written statement that they understand it.

8.10.3. Do not permit staff members who violate the child guidance policy to have access to children until retrained.

8.10.4. Report all violations of the child guidance policy both telephonically and in writing to the director and by the director to the flight chief.

**8.11. Reporting Child Abuse and Neglect.** Identify and report any suspected child abuse and neglect of children.

8.11.1. Do not permit staff members who have committed substantiated child abuse or neglect to be employed in the program. If an exception to this policy is justified because of when the abuse occurred or the circumstances under which it occurred, seek a waiver from AF/ILV.

8.11.2. Place staff under investigation for child abuse or neglect on administrative leave until the case is resolved.

8.11.3. Report all suspected child abuse and neglect both telephonically and in writing to the family advocacy officer.

8.11.4. Provide all staff written information on child abuse identification, reporting, and prevention at the time of employment and at least annually.

8.11.5. Post the number of the base Family Advocacy Officer and DoD child abuse and safety hotline in a prominent place in each facility lobby and in all program offices including those in and not in the center.

8.11.6. Permit parents access to their children's rooms at all times.

8.11.7. Report all suspected cases of child abuse or neglect, injuries resulting in death or hospitalization, and other unusual circumstances such as closure of a facility, disease epidemic, etc. to AFSVA/SVPAC and the major command SVP within 24 hours.

## Chapter 9

### PARENT INVOLVEMENT AND STAFF-PARENT INTERACTION

**9.1. Parent Participation.** Give parents opportunities to be actively involved and for staff and parents to talk about the program and the care of the children.

**9.2. Parent Advisory Board.** Have a parent advisory board consisting only of parents.

9.2.1. Include parents from all programs including parents who use hourly care.

9.2.2. Have a parent as the chairperson of the advisory board.

9.2.3. Ensure the parent advisory board meets with the flight chief and center directors at least quarterly and with the support group commander at least annually.

9.2.4. Forward the minutes of the parent advisory meetings to the support group commander.

9.2.5. Limit the board role to an advisory function, providing recommendations for improving services.

**9.3. Parent Involvement.** Encourage parents to be involved in the program and in their children's care.

9.3.1. Develop a parent involvement plan annually.

9.3.2. Have the parent involvement plan implemented by the parent advisory board and staff.

9.3.3. Assign a flight or center staff member primary responsibility for the parent involvement program.

9.3.4. Encourage parents to visit the program and assist with their child's care to the extent that their duty permits.

9.3.5. Plan with families to make toileting, feeding, and development of other self-regulation skills a positive experience for children.

9.3.6. Provide parents information about the program. If there are non-English speaking parents, provide materials in the parent's native language or arrange for a translation.

9.3.7. Post a copy of this week's menu, the program philosophy and mission, and the program guidance policy in the center lobby.

9.3.8. Inform parents about policy or regulatory changes and other issues concerning the program and their child.

9.3.9. Notify parents of the date, time, and destination of field trips that require the use of a vehicle.

9.3.10. Have parents give permission on the AF 1181, Air Force Youth Flight Program Patron Registration, for their child to be taken away from the center for short trips such as walks, field trips, lessons, etc.

**9.4. Parent Notification.** Notify parents when their child is injured, exposed to disease, experiencing distress, or has experienced any other unusual occurrence.

9.4.1. Notify parents when their child is exposed to a communicable disease.

9.4.2. Notify parents immediately of any physical injury to their child, when the child is experiencing significant emotional distress, or when the child becomes ill.

9.4.3. Notify parents when their child has been the victim of suspected child abuse or sex play.

Notify all parents when there has been a substantiated child abuse or sex play incident in the center; protect the confidentiality of those involved.

**9.5. Parent Information.** Provide parents information about child development and child abuse prevention including how to promote their children's healthy development, how to promote learning at home, and information about child abuse prevention.

9.5.1. Have a verbal or written system for sharing information with and from parents about daily happenings that affect children. Provide parents of infants and toddlers information about the child's eating time and consumption during the day.

9.5.2. Let parents know when there will be a major change that involves their child.

9.5.3. Seek parents' ideas for dealing with the child when at the program.

**9.6. Communication with Parents.** Have administrators and staff communicate with parents and children.

9.6.1. Offer parents the opportunity for a conference at least once a year. Meet with them individually when the need arises.

9.6.2. Have parents and staff talk about childrearing practices in the home and program to ensure smooth transitions during the day, minimize potential conflicts and confusion for children, and meet children's individual needs.

9.6.3. Maintain regular, on-going two-way communication with parents to build trust and mutual understanding and to ensure that children's learning and developmental needs are met.

9.6.4. Communicate with them frequently during the arrival and departure times. Send notes home to parents whom do not bring and pick up their child.

9.6.5. Listen to parents, seek to understand their goals and preferences for their children, and respect cultural and family differences. Show acceptance of various family structures and cultural preferences.

9.6.6. Work with parents to make decisions about how to best support children's development and learning or to handle problems or differences of opinion as they arise.

9.6.7. Incorporate parents' knowledge about their children into ongoing assessment and planning.

9.6.8. Orient children and parents to the program at the time of initial enrollment and when transferred to a different room.

9.6.9. Have parents take their child to and pick up from the child's room.

## Chapter 10

### SAFETY

**10.1. Safety Precautions.** Maintain facilities and operate programs in a way that protects the safety of the children, staff, and parents.

**10.2. Safety Monitoring.** Monitor the building, outdoor area, and all equipment for safety hazards.

10.2.1. Ensure indoor and outdoor areas and equipment are monitored daily by center staff trained/task-certified to conduct safety inspections.

10.2.2. Have a general safety inspection of the indoor and outdoor facilities and equipment conducted monthly by a person trained/task-certified to conduct safety inspections.

10.2.3. Maintain copies of the monthly safety inspections for 12 months.

10.2.4. Have the annual comprehensive safety inspection conducted by the Installation Safety Office utilizing the criteria contained in AFI 91-202, and DoDI 6055.1.

10.2.5. Ensure outdoor play areas are inspected as part of the daily and monthly safety inspections.

10.2.6. Correct any life-threatening safety deficiencies identified in inspections immediately or close the facility.

10.2.7. Correct indoor and outdoor (including playground) safety deficiencies within 90 days or get a waiver approved by SAF/MIM. If deficiencies are not corrected or waived, AF/ILV may close the facility.

**10.3. Plants.** Protect children from unsafe plants.

10.3.1. Do not make poisonous plants accessible to children inside the center.

10.3.2. Use only plants in areas used by children that are on a list of plants recommended for use in child care settings.

10.3.3. If there are plants with poisonous parts or which could harm them on the playground or around the exterior of the center, have them labeled as such and ensure children are closely supervised at all times they are near them.

**10.4. Chemicals.** Protect children from exposure to dangerous chemicals.

10.4.1. Store all chemicals and other potentially dangerous products (except bleach water solution), including medicines and cleaning supplies, in their original, labeled containers.

10.4.2. Store bleach water in a non-brand name container and clearly label it as bleach water. Use the same type of container throughout the facility. Keep it out of reach of children.

10.4.3. Keep all chemicals stored in locked closets or cabinets inaccessible to children.

Do not store chemicals with food.

10.4.4. Do not use cleaning products, which include a warning that they may not be used in areas occupied by children.

**10.5. Unsafe Equipment.** Protect children from unsafe equipment.

10.5.1. Do not use merry-go-rounds, narrow steep slides, trampolines, animal figure and hard seat swings, infant walkers, infant cushions and pillows, playpens, and toy boxes or other large hinged items.

10.5.2. Ensure heating elements, electrical appliances, tools, and other dangerous equipment are not accessible to children except when they are being used for educational experiences under direct staff supervision.

10.5.3. Do not have toys and other objects within the reach of infants and toddlers that are so small that they could be swallowed and cause choking.

10.5.4. Remove any toys not recommended by the United States Consumer Product Safety Commission (USCPSC).

10.5.5. Have no sharp objects such as adult scissors and knives accessible to children.

10.5.6. Keep the sides of infants' cribs in a locked position when cribs are occupied.

10.5.7. Use woodworking equipment appropriate for the age of the children.

**10.6. Toxins.** Protect children from lead-based paint, other toxins, and substances to which they are allergic.

10.6.1. Ensure no flaking or deteriorating paint or lead-based paint is accessible to children.

10.6.2. Have flaking and deteriorating paint tested for lead content. If the lead content exceeds acceptable levels, remove it, perform in-place management, or restrict children from the areas.

10.6.3. Obtain and keep on file a statement verifying that children are not exposed to dangerous levels of asbestos or other toxins while they are in the center.

10.6.4. Post the names of children with allergies in every room in which the child has meals/snacks in the same way and similar location. If there are no children with allergies, note this on the sign.

10.6.5. Do not permit smoking or use of alcohol or illegal drugs in facilities or outdoor areas used for child care.

**10.7. Other Dangers.** Protect children from electrical shock, hot water, unhealthy or dangerous animals and other dangers.

10.7.1. Ensure electrical outlets, except those with built-in protection, are covered with protective caps in rooms used by children 5 years and under.

10.7.2. Ensure hot water at outlets used by children does not exceed 120 degrees F.

10.7.3. Do not use microwave ovens/bottle warmers/crock pots/heated pans of water to warm baby bottles or infant/toddler food.

10.7.4. Have all pets and animals brought into the center checked by a veterinarian and certified as safe and healthy to be with children.

10.7.5. Do not permit ferrets, parrots, turtles, or dangerous reptiles.

10.7.6. Have finger guards on activity room doors.

10.7.7. Do not use baby powder or similar powders for diapering.

**10.8. Medications.** Administer medications in a way that protects children.

10.8.1. Administer medications only under daily written direction of parents on the AF Form 1055, Youth Flight Medication Permission Form.

10.8.2. Ensure they are administered by the same person each day, when possible.

10.8.3. Have those administering medications trained on administration of medications by medical staff at least every 12 months. Videotapes or other audio-visual aids may be used for this training.

10.8.4. Do not administer any over-the-counter medications, including aspirin or aspirin-like products, antihistamines, decongestants, cough syrup, insect repellents, and diaper ointments or salves without direction from a medical authority for the child receiving them. Exceptions: sunburn ointment, lip balms, and hand lotions.

10.8.5. Do not apply diaper ointments unless they are being used for treatment purposes and a medical authority has directed their use for the child on which they are being used.

10.8.6. Do not use “as needed” medications without the daily approval of the child’s parent/s. If it is necessary to use them on an emergency basis, contact the parents and receive their approval by fax or phone. Note in the records if the approval was received by phone. If the parents are not available, obtain approval from the child’s medical contact.

10.8.7. Accept “as needed” medications for use only when there is an expiration date on them. Require the need to be reverified after each 6-month period.

10.8.8. Request and maintain permission to apply sunburn ointments, lip balms, and over-the-counter hand lotions in writing from parents on at least an annual basis. Keep a copy of the permission form in the child’s file.

10.8.9. Use only sunburn ointments approved by the program medical advisor. Purchase sunburn ointment and have it available for use on children for whom the parents have given approval.

**10.9. Outdoor Hazards.** Keep the outdoor play area a safe and healthy place for children to play.

10.9.1. Ensure there are no sharp edges, pinch points, protruding or rusty objects, missing parts, or hot surfaces.

10.9.2. Remove debris, sharp objects, holes, feces, glass, trash, and standing water.

10.9.3. Keep small outdoor sandboxes (less than 100 square feet in area) covered when not in use.

10.9.4. Ensure culverts, drainage ditches, sewer accessories, and all similar hazards are inaccessible to children.

10.9.5. Ensure openings both indoors and outdoors are less than 3.5 and more than 9 inches.

10.9.6. All areas of the playground must be visible for supervision.

**10.10. Playground Equipment.** Keep playground equipment and play zones safe.

10.10.1. Ensure playground equipment (commercially manufactured or individually or base-constructed) meets the USCPSC standards and guidelines.



- 10.10.2. Ensure the manufacturer's instructions are followed when installing equipment.
- 10.10.3. Securely anchor climbing equipment, swings, and large pieces (both inside and outside) which could fall over.
- 10.10.4. Ensure anchoring devices are installed below the playing surface.
- 10.10.5. The fall zones must have impact altering materials of sufficient depth and of sufficient size to be in compliance with the Handbook for Public Playground Safety, current edition.
- 10.10.6. Have adequate space between the pieces of playground equipment.
- 10.10.7. Define the play zones by boundaries that set them apart functionally and visually.

**10.11. Indoor Safety.** Keep the indoor play area a safe place for children. Ensure:

- 10.11.1. All electrical appliances, fans, and other appliances must be UL Approved or have attached the UL Approved label or meet host nation requirements.
- 10.11.2. Floor coverings must be attached to the floor or backed with nonslip coverings.
- 10.11.3. Ensure stairways have nonslip surfaces and stairways with over three steps, which are used by children, have handrails.
- 10.11.4. Keep floors, stairs, ramps, walks, and porches free of hazards.
- 10.11.5. Windows above the first floor must be secured and protected by a barrier.
- 10.11.6. Low exterior windows, which could be reached by children, must be made of tempered safety glass, barriers placed over them, or are covered with safety film.
- 10.11.7. Interior door and cabinet hardware in areas used by children must be operable from either side or kept locked or children could not enter them and be free from dangerous protrusions.

**10.12. Emergencies.** The program must be prepared to respond to emergencies.

- 10.12.1. Post emergency telephone numbers and evacuation routes in a conspicuous place in each facility.
- 10.12.2. Have first aid supplies readily available. In the first aid supplies include bandages, ice pack, sterile gauze, adhesive tape, medicated soap, cotton, disposable gloves, and tweezers. Remove items not recommended for use by first aid training.
- 10.12.3. Have a person certified in first aid and rescue breathing available in each facility during all hours of operation and on field trips.
- 10.12.4. Have at least one telephone with DSN capability and able to reach off base residences and work locations of parents.
- 10.12.5. Ensure staff and volunteers are familiar with emergency procedures for the types of severe storms or other unique conditions in the area.

**10.13. Sudden Infant Death Syndrome (SIDS).** Follow recommended practices to reduce the potential for SIDS.

- 10.13.1. Place infants on their back to sleep.

10.13.2. Do not place infants face down on soft cushions, comforters, etc.

10.13.3. Keep pillows and other soft materials out of cribs and play areas.

## Chapter 11

### HEALTH

**11.1. Health Protection.** Protect the health of staff, children, and parents while they are in the program. Use Caring for Our Children: Health and Safety Guidelines for Out-of-Home Care as general guidance on health issues not covered by this instruction.

**11.2. Access.** Limit the access of well children to children or adults with contagious illnesses.

11.2.1. Do not provide care to children without immunizations required by Air Force policy unless it is an emergency.

11.2.2. Do not admit children with an illness or after an illness when their presence will endanger the health of others.

11.2.3. Have the desk staff or primary caregiver screen children at the time of entry and during care for signs of illness.

11.2.4. Request the program medical advisor or the child's physician provide specific instructions for the care of children with special health problems such as those who are HIV-positive. Maintain a copy of the instructions on file.

11.2.5. Ensure adults with contagious diseases are not in contact with children.

11.2.6. Place cribs, mats, and cots at least 1.5 feet apart when in use unless they have closed sides. Have children sleep head-to-toe.

**11.3. Cleanliness.** Keep rooms and surfaces clean and disinfected to reduce the spread of disease.

11.3.1. Disinfect all surfaces surrounding toilets, diaper changing areas, and tables and chairs at least daily.

11.3.2. Clean and sanitize the water play table with bleach solution daily, after use.

11.3.3. Ensure all carpets are vacuumed each day and shampooed at least quarterly. Shampoo the carpets on which non-walking children play at least monthly.

11.3.4. Have APF custodial staff or contractors sweep and disinfect hard surface floors daily and after use for lunch service.

11.3.5. Have screens on windows or doors that are left open.

11.3.6. Disinfect cribs and cots before use by another child and at least weekly.

11.3.7. Launder bed coverings before use by another child and at least weekly.

11.3.8. Keep dirty linen, trash, mops, brooms, and cleaning buckets inaccessible to children.

11.3.9. Ensure infant equipment is washed and disinfected daily.

11.3.10. Sanitize toys that are mouthed before another child uses them.

11.3.11. Ensure training chair receptacles are emptied into the toilet and disinfected after each use.

**11.4. Diapering and Toileting.** Follow the diapering and toileting procedures of the Air Force and recommended by the Centers for Disease Control.

- 11.4.1. Use disposable water-resistant pads to cover the changing surface.
- 11.4.2. Place each wet/soiled diaper or garment in an individual plastic bag and tie the end before disposing of it.
- 11.4.3. Use only disposable diapers.
- 11.4.4. Disinfect the changing table immediately after use and before use by another child with bleach water solution.
- 11.4.5. Prepare the bleach water solution daily and in the appropriate strength.
- 11.4.6. Keep food out of the diaper changing area; keep all diapers and other toilet articles out of the food area.

**11.5. Handwashing.** Ensure children and staff members wash their hands following the procedures recommended by the Centers for Disease Control.

- 11.5.1. Wash children's hands immediately after diapering/toileting, outside play, and handling animals; before eating and water play; and after contact with any potentially infectious materials including bodily fluids.
- 11.5.2. Have the staff wash their hands immediately after changing a diaper or wet/soiled garment, after wiping noses and handling animals, and before serving or preparing food.
- 11.5.3. Post signs near handwashing sinks reminding staff and children of handwashing procedures.
- 11.5.4. Ensure staff and volunteers know and follow the recommended procedures for handwashing, including washing with liquid soap and warm running water for at least 10 seconds; using single use or disposable towels; and avoiding recontamination from faucets by turning off faucets with a towel.
- 11.5.5. Ensure staff members follow universal precautions to prevent transmission of blood-borne diseases.
- 11.5.6. Require staff members to wear gloves when contact with blood or feces is possible.

**11.6. Health Inspections.** Inspect the facility and its operation to ensure children's health is protected and health deficiencies are corrected.

- 11.6.1. Have a health review conducted daily by a staff member task-certified to conduct health inspections.
- 11.6.2. Have a health inspection conducted monthly by a person trained to conduct health inspections; maintain a copy of the inspection for 12 months.
- 11.6.3. Ensure a person knowledgeable about health practices conducts a comprehensive health inspection of the facility at least every 12 months. Monthly food sanitation inspections may be expanded to include the requirements of this section to meet this requirement.
- 11.6.4. Correct life-threatening health deficiencies immediately or close the facility.

Ensure other health deficiencies are corrected within 90 days of identification or a SAF/MIM waiver has been approved.

**11.7. Ongoing Protection.** Ensure children's health is protected while they are in the program.

11.7.1. Have children dressed appropriately for active play indoors and outdoors.

11.7.2. Have an extra supply of outdoor play clothing for children who do not have them.

11.7.3. Have a written policy approved by the program medical advisor on when weather or local conditions do not permit outdoor play.

11.7.4. Post the names of children with allergies in each room in the same place and in the same way. If there are no children with allergies note this on the sign.

## Chapter 12

### STAFF-TO-CHILD AND STAFF-TO-STAFF INTERACTIONS

**12.1. Interactions with Children.** Interact with children to promote their well being and development.

**12.2. Frequency of Interaction.** Ensure staff members interact frequently with children.

12.2.1. Have them express respect and affection for children by smiling, touching, holding and speaking to children at their eye-level throughout the day, particularly at arrival and departure, and when diapering or feeding very young children.

12.2.2. Have staff actively seek meaningful conversation with children.

**12.3. Staff Availability.** Have staff available and responsive to children.

12.3.1. Have staff encourage children to share experiences, ideas, and feelings.

12.3.2. Ensure staff members listen to them with attention and respect.

12.3.3. Staff must be aware of the activities of the entire group of children even when dealing with a smaller group.

12.3.4. Ensure staff position themselves strategically and look up often to check on the whole group.

**12.4. Staff Manner.** Ensure staff members speak with children in a friendly, positive, courteous manner. Have them converse frequently with children; ask open-ended questions; speak individually to children most of the time; include children in conversations; describe children's actions, experiences, and events; and listen and respond to children's comments and suggestions.

**12.5. Equal Treatment.** Ensure staff members treat children of all races, religions, family backgrounds, and cultures and both sexes with respect and consideration.

12.5.1. Provide children of both sexes with equal opportunities to take part in all activities.

12.5.2. Provide materials that reflect diverse images children may not see elsewhere.

12.5.3. Be firm with children that a person's identity is never an acceptable reason for teasing or rejecting.

12.5.4. Initiate activities and discussions with children to build positive self-identity and teach the value of differences.

12.5.5. Talk positively about each child's physical characteristics and cultural heritage.

**12.6. Independence.** Have staff encourage independence in children, as they are ready.

Foster independence in routine activities such as picking up toys, wiping spills, personal grooming (toileting, hand washing), obtaining and caring for materials, and other self-help skills.

**12.7. Sound of Groups.** Overall, the sound of the groups of children should be kept pleasant most of the time. Ensure there is pleasant conversation, spontaneous laughter, and exclamations of excitement rather than harsh, stressful noise or enforced quiet.

**12.8. Children's Comfort.** Keep children comfortable, relaxed, and happy and involved in play and other activities. Have staff help children deal with anger, sadness, and frustration. Ensure staff comfort, identify, and reflect children's feelings. Have staff help children use words to solve their problems.

**12.9. Prosocial Behaviors.** Have staff recognize and encourage prosocial behaviors among children. Have them encourage children to cooperate, help, take turns, and solve problems.

**12.10. Expectations.** Staff expectations for children's social behavior must be developmentally appropriate.

**12.11. Staff Intervention.** Have staff should encourage children to verbalize feelings and ideas and intervene quickly when children's responses to each other become physical and discuss the inappropriateness of such responses.

**12.12. Staff Interactions.** Staff should model cooperative, positive adult interactions designed to meet the needs of children and families. Staff members must display mutual trust, respect, and support for each other; seek out and acknowledge each other's ideas and opinions; give positive recognition to each other's skills and accomplishments; support each other when dealing with stress and stressful situations; respect each other's right to confidentiality; and communicate with each other to ensure smooth operations.

12.12.1. Administrators and staff must plan and consult together frequently about the program, children, and families.

12.12.2. Provide a work environment for staff, including activity rooms and staff rooms, that is comfortable, well organized, and in good repair.

**13. Forms Prescribed.** AF Form 1023, **Youth Flight Record of Injuries**; AF Form 1055, **Youth Flight Medication Permission**; AF Form 1181, **Air Force Youth Flight Program Patron**; AF Form 1182, **Youth Flight Register Registration**; AF Form 1183, **Child Development/Enrichment Program Hourly Record of Attendance Instructions**; AF Form 1187, **Youth Flight Accident Report**; AF Form 1194, **Semi-Annual Child Development Program Report**; AF Form 1929, **Child Development Center Reservation Log**; AF Form 1930, **Youth Flight Daily Attendance Record**.

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DCS/Installations & Logistics

## Attachment 1

## GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

**References**

*Accreditation Criteria & Procedures of the National Association for the Education of Young Children, 1998 Edition.* National Association for the Education of Young Children. Washington, DC. 1998.

AFI 65-160, *Appropriated Fund Support to Morale, Welfare and Recreation Activities*

AFPD 34-2, *Community Programs*

*Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* American Public Health Association and American Academy of Pediatrics. Washington, DC. 1992

DoD Directive 1020.1, *Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense.* March 31, 1982

DoDI 1402.5, *Criminal History Background Checks on Individuals in Child Care Services,* January 19, 1993

DoDI 6060.2, *Child Development Program*

Public Law 104-106, Section 568, *Revision and Codification of the Military Family Act and the Military Child Care Act,* (110 STAT.329), February 10, 1996.

National Fire Protection Association (NFPA) 101, "Life Safety Code", most current edition

Section 231 of Public Law 101-647, Crime Control Act of 1990, November 29, 1990 (42 U.S.C. 13041)

**Abbreviations and Acronyms**

**AFSVA**—Air Force Services Agency

**APF**—Appropriated funds

**CACFP**—Child and Adult Care Food Program

**CDC**—Child Development Center

**CDPA**—Child Development Program Assistant

**CCTV**—Closed Circuit Television System

**DoDI**—Department of Defense Instruction

**DCII**—Defense Criminal Investigations Index

**DSN**—Defense switched network

**ILV**—Directorate of Services

**ILVY**—Family Member Programs, Directorate of Services

**IRC**—Installations Records Check

**NAC**—National Agency Check



**NACI**—National Agency Check with Inquiries

**NAEYC**—National Association for the Education of Young Children

**NAF**—Nonappropriated Funds

**OI**—Operating Instruction

**SCHR**—State Criminal History Repository

**SIDS**—Sudden Infant Death Syndrome

**UL**—Underwriter's Laboratory

**USCPSC**—United States Consumer Product Safety Commission

**USDA**—United States Department of Agriculture

### *Terms*

**Bleach Solution**—One-quarter (1/4) cup of household liquid chlorine bleach (sodium hypochloride) in 1 gallon of water, prepared fresh daily.

**Child Abuse and Neglect**—The physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities, or other maltreatment of a child. The term may apply to both acts and omissions on the part of a responsible person.

**Contractors**—Individuals employed by a contractor or contracted with individually to provide child care services.

**Defense Clearance and Investigations Index (DCII)**—The central Department of Defense record of investigative files and adjudicative actions such as clearances and access determinations, revocations, and denials concerning military, civilian, and contract personnel.

**Installations Records Check (IRC)**—An investigation conducted through the records of all installations of an individual's identified residences for the 2 years before the date of the application. This record check must include police (base and/or military police, security office, criminal investigations, or local law enforcement) local files check, Drug and Alcohol Program, Family Housing, and Medical Treatment Facility for Family Advocacy Program, to include Service Central Registry records, and mental health records, and any other record checks as appropriate, to the extent permitted by law.

**Preschool**—A regularly scheduled facility-based activity and educational program for children 3 to 5 years of age that lasts 4 hours or less per day.

**School-Age Children**—Children, aged 6 years through 9, who attend kindergarten through third grade. May also include children aged 9 to 12 years who are enrolled in a school-age care program.

**School Age Programs**—Structured activity programs for school-age children who are 6 to 12 years of age, which offer supervision while their parents are working. Programs may be offered before school, after school, before and after school, during school holidays, and during summer vacations. These programs are also called school-age child care programs, school-age care programs, and latchkey programs.

**Child with Special Needs**—A child who has a physical or mental impairment that substantially limits

one or more major life activities, has a record of such impairment, or is regarded as having such impairment. Meets the definition of a handicapped person in DoD Directive 1020.1., Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense.

**Specified Volunteer**—An individual occupying a Specified Volunteer Position.

**Specified Volunteer Position**—A position designated by the installation commander that requires an installation record check because of the nature of the volunteer work.

**Staff-to-Child Ratio**—The number of children for whom one staff member may be responsible or supervise.

**State Criminal History Repository (SCHR)**—A state's central record of investigative files.

**Supervision**—Refers to having temporary responsibility for children and temporary or permanent authority to exercise direction and control by an individual over an individual whose required background checks have not yet been initiated but not completed.

**Temporary Employees**—Includes non-status appointments to a competitive service position for a specified period of less than a year. Includes summer hires and student interns.

**Volunteers**—Individuals who help out with programs on an unpaid basis.

**Attachment 2****WHAT PEOPLE DO**

**A2.1.** SAF/MI guides, directs, and oversees the formulation, review, and execution of plans, policies, programs, and budgets relative to Services programs, including child development programs.

**A2.2.** Secretary of the Air Force for Financial Management and Comptroller establishes appropriated fund policies for operating child development programs.

**A2.3.** HQ USAF/ILV establishes policies and direction for Air Force child development programs.

**A2.4.** HQ USAF/ILVY:

A2.4.1. Establishes policy directives and instructions for Air Force child development programs.

A2.4.2. Advocates for resources for the Air Force child development programs.

A2.4.3. Monitors child development program compliance with congressional guidance, DoD policies, and Air Force policies.

A2.4.4. Serves as the liaison with the Department of Defense, the other services, child care organizations, and other federal agencies.

A2.4.5. Collects and compiles data to develop child development program policy and perform oversight functions.

A2.4.6. Conducts tests of innovative child care services for possible implementation in Air Force programs.

**A2.5.** HQ Air Force Services Agency (AFSVA):

A2.5.1. Assesses the need for and conducts training for child development program personnel.

A2.5.2. Provides technical guidance and information to assist installation child development programs.

A2.5.3. Reviews child development program construction projects and designs.

A2.5.4. Obtains and distributes written and other resources to help installations set up and operate child development programs.

A2.5.5. Conducts headquarters inspections of child development programs.

A2.5.6. Monitors equipment requirements and makes changes to the table of allowances.

**A2.6.** Major Commands:

A2.6.1. Provide technical guidance and support to command child development programs.

A2.6.2. Assess the need for and conduct training for command child development program personnel.

A2.6.3. Review child development program project designs.

A2.6.4. Budget and advocate for command resources to support command child development programs.

**A2.7. Installation Commanders:**

A2.7.1. Establish child development programs on the installation to provide child care for employed active duty and DoD civilian parents of children 0 to 6 years of age.

A2.7.2. Make resources available to have child care services affordable to all parents.

A2.7.3. Ensure that children's health, safety, and well being is protected while they are in child development programs.

**A2.8. Services Squadron Commanders and Directors:**

A2.8.1. Ensure that child development programs operate in compliance with Air Force policy directives, instructions, and standards.

A2.8.2. Coordinate child development programs with other Services programs.

A2.8.3. Budget, plan for, and obtain nonappropriated and appropriated fund resources for child development programs.

A2.8.4. Plan for and seek funding for facilities to offer child care services.

**A2.9. Family Member Program Flight Chiefs:**

A2.9.1. Coordinate child development programs with other services for children, youth, and families.

A2.9.2. Liaison and cooperate with other base agencies providing services for children, including the chapel, school, medical facility, family support center, and family advocacy.

A2.9.3. Serve as a member of the child advocacy committee at the request of the family advocacy office.

A2.9.4. Involve parents and volunteers in child development programs.

A2.9.5. Ensure that all child care programs operate in accordance with DoD and Air Force policies.

A2.9.6. Plan and conduct recognition programs for parents and volunteers assisting with programs for children and youth.

A2.9.7. Submit requests for additional child development program facilities.

A2.9.8. Ensure certification and accreditation of the child development programs.

**A2.10. Child Development Center Directors:**

A2.10.1. Oversee the management of a child development center.

A2.10.2. Conduct orientation and training for staff, parents, and volunteers.

A2.10.3. Maintain child development center equipment and facilities in an attractive, clean, and safe manner.

A2.10.4. Protect children from harm, illness, and child abuse and neglect while they are in child care programs.

A2.10.5. Manage resources (funds, supplies, personnel, facilities) allocated to the child development center.

A2.10.6. Communicate with parents about their children and the program activities offered.

A2.10.7. Offer a program of activities that help children develop physically, socially, intellectually, and emotionally.

A2.10.8. Ensure DoD certification and accreditation of the child development center by the National Association for the Education of Young Children.

**Attachment 3****SHORT-TERM HOURLY CARE**

**A3.1. Alternatives to Short-Term Care.** Before offering short-term hourly care determine if the requirement can be met by referring the parents to family child care providers or having another Services program, such as, the Youth Program, offer a special event for children.

**A3.2. Identifying Facilities.** Before offering short-term care in a facility other than the child development center, have the base fire department and public health approve the space for use for hourly child care. Have the base agencies approve several different sites in advance so that requests for short-term can be met without delay.

**A3.3. Operational Procedures: Follow** these guidelines in offering care:

A3.3.1. Provide care no longer than 1 hour before the start and 1 hour after the end of the function for which the care is being offered.

A3.3.2. Charge hourly fees to cover the APF and NAF cost of offering the service. The parents or an organization may pay the fee. Collect the fees at the child development center.

A3.3.3. Ensure that each child is supervised at all times including when going to the toilet.

A3.3.4. If care for children in diapers is offered, make sure there is running water in the room or water is provided with a container and catch pan.

A3.3.5. Have a plan for evacuating the children in the event of a fire or other emergency.

**A3.4.** Follow the staff-to-child ratios required in the child development center. If children under 2 years are cared for either have a fire evacuation wagon or one adult for every two children.

**A3.5.** Staff the program with employees of the child development or youth program who have cleared criminal history background checks and have completed orientation, CPR, and first aid training.

**A3.6.** Have a GS-5 or CD-5 or higher-grade supervisor on site. This individual may be one of the employees providing care.

**A3.7.** Have at least two adults present at all times.

**A3.8.** Do not reduce service to employed parents to offer this short-term hourly care.

**A3.9.** Do not take the children outside the facility except for emergency evacuations.

**A3.10.** Accept only children who have the immunizations required to attend the child development center.

**A3.11.** Do not accept children with obvious signs of illness.

**A3.12.** Provide meals and snacks if children are present during the time they would usually be eating.

**A3.13.** Record attendance on AF Form 1182, Youth Flight Register.

**A3.14.** Ensure that there are enough reservations in advance to cover the cost of the service unless central welfare funds have been designated to cover the cost of the care.

**A3.15.** Provide portable equipment and materials and supplies and conduct activities to keep the children happy and involved while they are in the program.

**A3.16.** APF may be used to purchase equipment and materials to provide short-term care.

**A3.17.** Inform organizations that may need short-term hourly care that the service is available.

**A3.18.** Report the number of times hourly care is provided and the number of children served on AF Form 1194, Semi-Annual Child Development Program Report.

**Attachment 4****HIV-POSITIVE CHILDREN AND STAFF**

**A4.1. Enrollment.** Comply with these procedures in enrolling HIV-positive children, employing HIV-positive individuals, and approving HIV-positive family child care providers:

A4.1.1. Establish a committee composed of the program medical advisor, family member programs flight chief, child development center director or family child care coordinator, and judge advocate representative to review any cases and make a recommendation to the support group commander.

A4.1.2. Permit the enrollment of HIV-positive children when it is appropriate for their health, neurological development, behavior, and immune status.

A4.1.3. Inform only those with a need to know about the child's condition. This does not usually include other staff in the center or the parents of the other children enrolled.

A4.1.4. Include a statement that the program accepts children with chronic health problems, including HIV-positive children, for care and employs persons and approves as family child care persons individuals with chronic health problems, including HIV-positive individuals, in the parent handbook.

A4.1.5. Notify all parents when cases of measles or chickenpox (or other viral infections as determined by the center medical advisor) are occurring in the child care population. Provide individual notification to parents of HIV-positive children. Also notify the medical advisor.

**A4.2. Employment.** Permit the employment of HIV-positive individuals in child care programs and approve HIV-positive individuals as family child care providers unless their providing care would endanger their health or that of others.

A4.2.1. Do not employ persons in child care or approve as family child care providers persons with symptoms of AIDS (Acquired Immune Deficiency Syndrome).

A4.2.2. Do not approve individuals as family child care providers if other household members have the symptoms of AIDS.

A4.2.3. Limit communication about the HIV-status of family child care providers and their household members to the family member programs flight chief and family child care coordinator.

A4.2.4. Require frequent medical examinations of HIV-positive individuals employed in child care, approved as family child care providers, or who are living in households approved to provide family child care.

**A4.3. Screening.** Do not require routine screening of children for HIV prior to program entry. Limit testing of child care employees to those situations where it is required by a host nation in connection with DoD employees performing official duties in an overseas location.



**Attachment 5****SUPERVISION REQUIRED**

**A5.1. Adequate Supervision.** To ensure there is adequate supervision of facilities in which children are receiving child care comply with these requirements:

A5.1.1. Have a GS-5, NAF equivalent (in pay and job responsibilities) or higher level supervisor in each facility at all times.

A5.1.1.1. If there are 24 or fewer children present in the facility, a GS-05 child development program assistant or GS-05 desk supervisor or NAF equivalent (in pay and job responsibilities) may be the supervisor.

A5.1.1.2. If the program is being operated in another facility, such as a chapel or youth center, and other adults are in the facility, and there are 48 children or less, the GS-5 or NAF equivalent (in pay and job responsibilities) supervisor may also be responsible for a ratio of children.

A5.1.1.3. If there are 99 or more children in a facility, the facility must have a director responsible for the child care program.

A5.1.1.4. Individuals who are employed as training and curriculum specialists and are responsible for 150 children or more may not be used to provide facility supervision more than 10 hours per week. Their primary function is to provide training and help the CDPAs plan the curriculum. Adjust the number of hours of supervision permitted the training and curriculum specialist based on the number of children (child development center, school age program, and family child care homes) for whom he or she is responsible.

**A5.2. Name Posted.** Have the name of the supervisor currently on duty posted at the parent entrance to the facility.

**A5.3. Unannounced Visits.** When the facility is being supervised by a GS-05 or NAF equivalent during evening hours, a higher-grade supervisor must make an unannounced visit during the hours of operation.

**A5.4. Absence of Supervisor.** When the facility supervisor is on leave or the position is vacant supervision must be provided by the family member programs flight chief or another child development center director.

**A5.5. Use of Closed Circuit Television Surveillance.** Use CCTV to reduce the potential for child abuse in child development centers.

A5.5.1. If a facility has a capacity for 49 or more children, CCTV is required.

A5.5.2. If the child care program is being conducted in other than a child care facility, e.g., a chapel, and other adults are in the building during the hours of child care operation, CCTV is not required.

A5.5.3. Ensure that the monitors for the CCTV are closely observed.

A5.5.4. Ensure that the CCTV is fully functioning and the rooms can be clearly viewed on the monitors.